

**TENNESSEE DEPARTMENT OF EDUCATION  
APPLICATION FOR RENEWAL OF APPRENTICE OCCUPATIONAL EDUCATION LICENSE**

Last Name	First Name	Middle/Maiden			
Street/P.O. Box	Social Security Number	Date of Birth	*Sex	*Race	
City	State	Telephone Number		Zip Code	

\*OPTIONAL -Statistical Information Only

\_\_\_\_\_ **Name/Address Change**

(provide a notarized copy of the marriage license, divorce decree, or court order that has generated the legal change of name)

If you hold or have previously held a Tennessee Teacher's License please indicate Reference number \_\_\_\_\_

**PLEASE READ CAREFULLY BEFORE SIGNING**

Answer the following questions if you have **EVER** held a Tennessee Teacher License or Permit (since the Tennessee License or Permit was last issued or renewed):

1. Have you been convicted of a felony (including a conviction or plea of nolo contendere)? \_\_\_\_\_ YES \_\_\_\_\_ NO
2. Have you been convicted of the illegal possession of drugs and/or narcotics? \_\_\_\_\_ YES \_\_\_\_\_ NO
3. Have you falsified or altered documentation required for licensure? \_\_\_\_\_ YES \_\_\_\_\_ NO

Signature \_\_\_\_\_

Date \_\_\_\_\_

**MARK ONLY ONE: (Verification of current Industry Certification must be submitted with all renewals)**

\_\_\_\_\_ **A.** If you are renewing an Apprentice Occupational License and have not taught three years within the five-year validity period of the license, you must submit to this office:

- ☐ Verification of two years of updated occupational competency earned within the past five years. Sixty clock hours of attendance at professional or technical workshops may be submitted in lieu of two years of experience.
- ☐ An official transcript showing completion of one appropriate industrial or professional education course. (Computer science or computer technology course work is also acceptable). The expiration date of the new license will be based on the school year in which the course work is completed. (Please see page 2 for an explanation of appropriate course work).
- ☐ I understand all applicants for Cosmetology, Barbering and Health Occupations must also submit proof they hold a current state license to practice that profession. A notarized copy of my license is attached.

\_\_\_\_\_ **B.** If you are renewing an Apprentice Occupational License on which you have taught three years, but have not met advancement requirements, you must submit to this office:

- ☐ An official transcript showing completion of one appropriate industrial or professional education course. (Computer science or computer technology course work is also acceptable). The expiration date of the new license will be based on the school year in which the course work is completed. (Please see page 2 for an explanation of appropriate course work).
- ☐ I understand all applicants for Cosmetology, Barbering and Health Occupations must also submit proof they hold a current state license to practice that profession. A notarized copy of my license is attached.

**(NOTE: ALL DOCUMENTATION MUST BE SUBMITTED IN ONE PACKET WITH APPLICATION)**

Mail only completed applications to: TENNESSEE DEPARTMENT OF EDUCATION  
Office of Teacher Licensing  
5<sup>th</sup> Floor, Andrew Johnson Tower  
710 James Robertson Parkway  
Nashville TN 37243-0377

## **Course work for Renewal of Apprentice Occupational Educational Licenses:**

1. Course work must be from the eighteen hours required for advancement. If all eighteen hours have been completed then coursework must be upper division level (junior, senior, or graduate); however, computer courses may be taken at any level.
2. Appropriate correspondence course work is allowed if all eighteen hours for advancement have been completed.
3. Courses must be completed with a grade of "B" or a 3.0 average on a 4-point grading scale. Pass/Fail course work is acceptable only if the grade point equivalent is indicated on the transcript.
4. The course must satisfy one of the following criteria if required eighteen hours have been completed:
  - a) The course must be in professional education, or
  - b) The course must be in your current area(s) of endorsement, or
  - c) The course must be acceptable for credit toward an additional endorsement area. A statement must accompany the renewal application attesting to your intent to earn that endorsement, or
  - d) The course may be in areas of need identified by evaluation utilizing the State Local model for Evaluation, or State Board of Education approved substitute. A letter signed by your evaluator must accompany the renewal application attesting to need for the course. The evaluation must predate the course taken for renewal.

### **ACCEPTABLE TEACHING EXPERIENCE FOR RENEWAL**

1. Verified administrative, supervisory and teaching experience in a public school operated by a local education agency in the United States and its possessions.
2. Verified administrative, supervisory and teaching experience in public schools or non-public schools approved by recognized accrediting agencies. (Accrediting or approval agencies are the State Departments of Education and/or Southern, Middle States, North Central, New England, Northwest, and Western Associations of Schools and Colleges.) The burden of proof rests with the individual.
3. Employees of the Tennessee Department of Education who held a valid Tennessee license during the period of employment for which experience is requested.
4. Verified administrative, supervisory and teaching experience in a college and/or university as a full-time employee (paid full salary) and as a voting member of the faculty. The institution must be accredited by recognized accrediting agencies. (Accrediting agencies are the State Departments of Education and/or Southern, Middle States, North Central, New England, Northwest, and Western Associations of Schools and Colleges.) Graduate assistants are excluded. The burden of proof rests with the individual.
5. Educators who enter active military service while possessing a valid Tennessee teacher's license may have years of service added to the period of validity of the license. Experience is earned on a year for year basis to a maximum of four (4) years. The educator must be discharged from military service before such experience may be applied toward the extension.
6. Verified administrative, supervisory and teaching experience in Kindergarten through twelve grade schools or any combination thereof operated by the United States Government either within or outside of the United States.
7. Verified teaching experience of teachers in public schools (K-12) on a foreign exchange basis.

**TENNESSEE DEPARTMENT OF EDUCATION  
OFFICE OF TEACHER LICENSING  
EXPERIENCE VERIFICATION FORM**

This form does not need to be completed for experience, which has been accrued in a Tennessee Public School. Use this form in reporting non-public school teaching experience accrued in Tennessee, public and non-public school teaching experience accrued outside of Tennessee and administrative or teaching experience in approved colleges and universities.

**IMPORTANT: Please keep a copy of this form. You will need to give a copy to your superintendent when you are employed.**

Name	Social Security Number	Teacher Reference Number
School System	State	School System's Telephone Number

EXPERIENCE RECORD (Please list experience yearly beginning with July 1 and ending June 30.)

Name of School	Position and Grade Level	School Year		Time Served		Full Time or Indicate % Part Time
		Start Date Mo/Day/Yr	End Date Mo/Day/Yr	Mos.	Days	

The above school system or college was fully approved or accredited by the \_\_\_\_\_

\_\_\_\_\_ at the time service was performed.

(State Department of Education or Regional Accrediting Agency)

\_\_\_\_\_ Public School                      \_\_\_\_\_ U.S. Govt. School                      \_\_\_\_\_ Private School

\_\_\_\_\_ Full Time Member of College or University Faculty

I hereby certify that the above listed experience is a true and correct copy of the records on file for the teacher named above. (Must be signed by an official from the school system central office.)

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
                     Street/P.O. Box                      City                      State                      Zip Code

Use this section to report occupational work experience. The information should indicate the place of work, the type of work, and the dates of work, including the hours per week. The statement must be signed by the employer and notarized. In lieu of this form, the teacher may submit a signed statement on company letterhead.

[illegible]

Date

## Address

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_, Notary

My commission expires \_\_\_\_\_, \_\_\_\_\_

Use this section to verify attendance at professional/technical workshops. Include the name of the workshop, the location, the date, and the hours attended. The statement should be signed by the Vocational Director or the Superintendent of Schools.

[illegible]

Date